MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	
a. This medical certificate should be accomplished by a license. Attach this certificate to original appointment, transfer and c. The results of the following pre-employment medical/physic must be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	reemployment.
FOR THE PROPOSED APPOINTEE	
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS
LORBTO, DAVE PICAL ADDRESS Sifia Ligaya, Bray, Candodam	Philhootoups, USU
AGE SEX CIVIL STATUS	
Jo M Married	PROPOSED POSITION
FOR THE LICENSED GOVERNMENT PHYSICIAN	
I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically DFIT / DUNFIT for employment.	
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: (hristelle Venus F, Capune, M.D. Lic. No. 0156881	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
AGENCY/Affiliation of Licensed Government Physician: WHER VSU	
OFFICIAL DESIGNATION	HEIGHT (M) WEIGHT (KG) BLOOD TYPE 1 70 8 0-87 A
Midital Africa /1	11 December 7220